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**THE GREAT YARMOUTH
EDUCATION AUTHORITY**

**INSTITUTE OF SCHOOL
MEDICINE**

**10. PARKS ROAD,
OXFORD.**

**The
Annual Report
of**

THE SCHOOL MEDICAL OFFICER

for 1951



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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION
AUTHORITY OF GREAT YARMOUTH

Health Department,
Town Hall,
Great Yarmouth.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the work of the School Health Service for 1951.

It is now almost four years since the National Health Service Act 1946, came into force and it is possible to make some assessment of the place which the School Health Service is taking and is likely to take in relation to the new medical arrangements. In the early days of the National Health Service there were those who thought that, with the provision of a universal "free" health service, the need for a separate School Health Service would gradually diminish. It was even conjectured that the benefits of the new service would improve the general standards of health to such an extent that the calls on medical attention would become less. The experience of these years has shown that in spite of the expressed intention of the act to establish "a comprehensive health service designed to secure improvement in the physical and mental health in the people of England and Wales and the prevention, diagnosis and treatment of illness" the resources of the service have in fact been devoted very largely to the last two intentions, namely the diagnosis and treatment of illness. The calls on general practitioners' time show little sign of lessening and in spite of repeated appeals for moderation, the demand for medicines and appliances continues at such a level that it has become necessary on financial grounds to introduce a charge. The science of curative medicine and the development of new surgical techniques advance at speeds which excite the imagination and command the greatest admiration, but each advance results in a greater elaboration of the investigations and treatments which a fully equipped hospital may be expected to provide, so that the potential expansion of hospital staffs and services become almost limitless. Financial stringency has given pause to any great expansion for the time being but there is little doubt that when further resources become available the policy of devoting them largely to the "diagnosis and treatment of illness" will be continued. Public opinion, which eventually controls the service, would demand such a policy; at least it is unlikely to support any policy which could be construed as depriving the sick of anything which can be done towards relieving or curing them.

The point which emerges in relation to this report is that the National Health Service as it has developed in practice shows little sign of taking over the fundamental functions of the School Health Service which are the promotion of health, prevention of disease, and the detection of diseases and defects at an early stage when they can be most easily treated. On the contrary the signs are that by placing the accent on the wonders of modern diagnosis and treatment the National Health Service is diverting attention from these aims. To the average mind the medical officer in a clinic or a school carrying out the procedures of immunising children against disease or simply trying to teach the rules of healthy living may indeed appear as a pedestrian figure compared with his colleague in hospital surrounded by the paraphernalia of investigation and treatment; but will anyone suggest that he is contributing less to the sum of human health and happiness? The point is perhaps best illustrated in relation to the School Dental Service to which I have referred in previous reports. The neglect and partial collapse of this essentially preventive service which resulted from the introduction of the National Health Service is in fact creating patients for the treatment service of the future. The pupil leaving school today with his teeth well advanced in caries will in a few years be seeking a set of false teeth through the National Health Service. He will no doubt be grateful for the service provided and may well regard his toothless state as of the natural order of things. Will there then be no one to remind him that but for the neglect of the preventive service in favour of the treatment service he might still be enjoying the benefits of his own natural sound teeth?

The treatment of minor ailments in school clinics was another facility which it was thought might become redundant when a comprehensive medical service had become available to the whole population including schoolchildren. The overcrowding of doctors' waiting rooms and hospital outpatient departments gives sufficient answer. There is still need for a special service for schoolchildren closely integrated with the educational system.

One other suggestion of the early days requires examination. When, before the National Health Service Act, the education authorities provided their own specialist services in clinics for schoolchildren they were in effect providing a priority service, and there were those who feared that the handing over of these services to the hospital authority might result in their being merged with the specialist services for the general community and that the schoolchildren would thereby be deprived of the priority element which they had until then enjoyed. So far as this area is concerned these fears have proved groundless: the hospital authorities have maintained the service along the

same lines as previously and the standard of the co-operation between the School Health Service and the other services is such that there has been no adverse effect on the facilities available to schoolchildren. So long as this continues there seems to be no reason for the education authority to use the power (which they still retain) of employing specialists independently.

I make no apology for returning year after year to the subject of diphtheria immunisation. This country may well be within sight of the goal which has already been reached in the case of smallpox, namely the complete eradication of the disease, apart from imported cases. A final push might achieve it but there is evidence in the country that the very success of the immunisation campaign, by making the danger of diphtheria to the individual child fairly remote, is producing increasing apathy on the part of parents. It would be tragic if the country were to be robbed of such a desirable goal and it is sincerely to be hoped that the parents in Great Yarmouth will play their part. They will have the satisfaction of knowing not only that they are taking part in a great national campaign but also that their children are being protected from one of the most grave of children's diseases. The efforts made by the School Health Department to overcome the apathy have resulted in the number of immunisations carried out on schoolchildren being almost doubled, but there is still a long way to go before Great Yarmouth can be considered safe from the scourge.

The general incidence of notifiable infectious diseases in schoolchildren was one of the lowest on record. Two incidents deserve particular mention. The first was an outbreak of sonne dysentery in the Cobholm district in the early part of the summer. This is a disease which is highly infectious and notoriously difficult to control even in hospitals and institutions with trained staff, and there was therefore reason for some apprehension about its possible spread throughout the town. Investigations showed that there was no single focus of infection but that the disease was being spread by case to case contact, particularly in one department of a school in the area. Spread within families was also noted. The action taken by the School Health Department is described in the report, and although it is difficult in this disease to assess the effectiveness of control measures there is good reason to believe that they were responsible for arresting the outbreak in the Cobholm area and preventing it becoming widespread.

The second incident to be noted was the influenza epidemic which struck the town—in common with the rest of the country—in January. The disease is not notifiable so that it is not possible to give figures of incidence in schoolchildren but there is no doubt that a considerable number were affected. During the epidemic

school attendance was over 10% lower than in 1948 which was a year of low influenza incidence. There was however a general impression among doctors that children showed a lower incidence than adults and that those affected had fairly mild attacks. The outbreak was responsible for a considerable rise in the general death rate in the town but there were no deaths in schoolchildren associated with it.

The work of ascertaining handicapped children and arranging for "special educational treatment" for them was continued and its success was limited only by the lack of any day special school in the area and the shortage of vacancies in residential schools in the country. There were considerable compensations however in the arrangements made locally for the home teaching of selected pupils and for the establishment of special classes in ordinary schools.

Attention was focused on the subject of the employment of schoolchildren by the new byelaws which came into force during the year. There had probably been considerable evasion, intentional or unintentional, of the old byelaws and although the spread of knowledge about the new byelaws resulted in the number of children examined by school medical officers for this purpose being almost doubled, there was still reason to believe that some children were being irregularly employed. The attention of all employers and parents is directed to the byelaws which include provisions for medical examination by the school medical officer and the issue of an employment card by the local authority.

I wish to express my thanks, to you for your support and encouragement, to the staffs of the Education Department and the schools for their willing co-operation and help, and to the staff of the School Health Department for their loyalty and devotion to the service.

I am, Mr. Chairman, Ladies and Gentlemen,
Your obedient servant,
K. J. GRANT.
School Medical Officer.

STAFF OF SCHOOL HEALTH SERVICE

School Medical Officer :

K. J. GRANT, M.A., M.B., CH.B., D.P.H.

Assistant School Medical Officers :

J. P. J. BURNS, M.B., B.CH., B.A.O., D.P.H.

A. JOHNSTON, M.B., CH.B.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.
(Commenced 25.6.51)

Ophthalmologist (part time):

D. K. SOUPER, M.A., M.B., B.CH., D.O.M.S.

Senior Dental Officer :

W. NICHOLLS, L.D.S., R.C.S.

Assistant Dental Officer :

Vacant

Speech Therapist (part time):

D. BARBER, L.C.S.T.

School Nurses :

Miss R. WHILEY, S.R.N. | Full-time
Miss D. IRELAND, S.R.N. |

Mrs. E. BURNELL, S.R.N.,
S.C.M., H.V.CERT.

Miss E. WHITMORE, S.R.N.,
S.C.M., H.V.CERT.

Miss E. PRETTY, S.R.N.,
H.V.CERT.

(Resigned 7.9.51)

Miss L. LUFT, S.R.N.,
S.C.M., H.V.CERT.
(Commenced 12.11.51)

Part-time

Chief Clerk :

E. GARRETT

Senior Clerk:

L. C. BANHAM

Clinic Clerks :

Miss M. KEY
Miss M. GILBERT

Dental Clinic Attendant-Clerks :

Miss G. PRESS
Miss R. NARRACOTT

CO-ORDINATION

“The need for co-ordination and co-operation” is a phrase which is echoing increasingly through the medical services of this country, principally with regard to the various authorities who have functions laid upon them by the National Health Service Act, but also to the School Health Service and its relations with these authorities. In practice there is little doubt that the success in achieving these desirable objects depends more on the officers concerned and on their opportunity for personal contacts than on anything that can be achieved by any formal arrangements, and it is one of the advantages of smaller areas such as Great Yarmouth that these personal contacts are more readily made and maintained. There is nothing to add to previous reports of the satisfactory level of co-ordination between the various services and no instance has occurred during the year when the School Health Service has had reason to complain of lack of co-operation by any of the other services operating in the town. There are as yet no complete arrangements for the transfer of information from hospitals about children who have had hospital treatment, but some information is being received in respect of those children who are treated in the children's ward.

SCHOOL HYGIENE

The Peterhouse Infants' School was opened during the year and the standard of sanitary provision was in accordance with the current building regulations. W.C. and urinal flushing systems and drainage were cleaned and overhauled in all the schools in the county borough during the year with the exception of the two new schools recently opened. New flushing systems were installed in three schools and new W.C.s in two. A hot water supply was provided for hand basins in two of the older schools.

The School Meals Service maintained its good record of many years in that no outbreak of food-borne disease was associated with it. Crockery and utensils are sterilised by the scalding sink method in sculleries which are equipped for the purpose, or by other methods where full equipment is not available.

SCHOOL POPULATION AND SCHOOL ATTENDANCE

The school population continues to increase as is shown by the following figures of the average numbers on the register for the past five years:—

1947	...	5156
1948	...	5791
1949	...	7091
1950	...	7381
1951	...	7535

The following table shows the average numbers on the registers and the average attendances for the year ended 31st March, 1951:—

	Total Accommodation	Average Nos. on Registers	Average Attendance	Per cent.
County Schools :				
Primary Schools, Infants	2280	1841	1575	86
Primary Schools, Junior	2640	2273	2101	92
Secondary Schools	2160	1829	1677	92
Total	7080	5943	5353	90
Voluntary Schools :				
Infants	214	191	161	84
Senior and Junior	882	770	711	92
Grammar School	—	313	290	93
High School	—	318	297	93
Total	1096	1592	1459	92
Aggregate	8176	7535	6812	90

SCHOOL MEDICAL INSPECTION

Periodic medical inspection of pupils in age groups was carried out in accordance with the Education Act 1944 and Ministry of Health regulations.

The three age groups are as follows:—

(a) Entrants—Every pupil who is admitted for the first time to a maintained school is inspected as soon as possible after the date of his admission.

- (b) **Intermediates**—Every pupil attending a maintained primary school is inspected during the last year of his attendance at such a school.
- (c) **Leavers**—Every pupil attending a maintained secondary school is examined during the last year of his attendance at such a school.

The limitation of inspections to these groups is open to the criticism that defects of vision are not detected as early as might be; entrants to infants' schools generally do not know their letters well enough to make a test of vision easily practicable, and thus the schoolchild does not normally have his eyes tested until the intermediate inspection at about the age of 10 years. He may therefore be handicapped by defective vision at the vital period when he is learning to read unless it is discovered at special inspection or otherwise. In order to overcome this difficulty, consideration was given to the possibility of applying to the Ministry of Education for permission to carry out a second complete medical inspection of pupils in infants' schools but the staff available did not permit of this and it was therefore arranged for nurses to carry out a vision test of pupils in infants' schools at about the age of 7 years and to report to the School Medical Officers any who appeared to require ophthalmic treatment.

The response of parents to the invitation to attend the medical inspection of their children was good in the first two groups, but remained rather low among leavers.

At leavers inspections medical officers complete a form indicating any occupation which a child should not enter on health grounds, and the confidential report is sent to the Youth Employment Bureau.

The arrangements for "special inspections" were maintained. Before each periodic inspection of an age group the head teacher of the school was invited to submit the names of other children in the school who appeared to require a medical examination, and these were examined in schools by the medical officer. Requests from other sources for special inspections were commonly complied with by examination at school clinics.

The improved system for "follow-up" and re-examinations referred to in last year's report was continued with satisfactory results.

The following Ministry of Education table gives a statistical survey of the work and of the findings of inspection:—

Medical inspection of pupils attending maintained primary and secondary schools

Periodic medical inspections

Number of inspections in the prescribed groups—

Entrants	...	...	1083
Second age group	...	...	616
Third age group	...	...	516
			<hr/>
Total	...	...	2215
			<hr/>

Number of other periodic inspections ... —

Other Inspections

Number of special inspections	...	...	336
Number of re-inspections	...	...	854
			<hr/>
Total	...	...	1190
			<hr/>

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin):—

Group	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	1	187	171
Second age group	75	97	147
Third age group	72	38	103
Total (prescribed groups)	148	322	421
Other periodic inspections	—	—	—
Total	148	322	421

Findings at school medical inspections

Defect or disease	Periodic inspections		Special inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin ...	37	27	1	1
Eyes:—				
Vision ...	148	63	10	4
Squint ...	46	33	2	3
Other ...	17	5	4	1
Ears:—				
Hearing ...	2	7	2	2
Otitis media ...	1	3	—	1
Other ...	63	5	3	—
Nose or throat ...	7	115	10	4
Speech ...	46	12	9	2
Cervical glands ...	1	7	1	1
Heart & circulation ...	1	11	3	3
Lungs ...	9	33	6	4
Developmental:—				
Hernia ...	4	10	2	1
Other ...	5	42	—	—
Orthopædic:—				
Posture ...	2	83	—	2
Flat foot ...	5	11	2	—
Other ...	46	93	4	4
Nervous system:—				
Epilepsy ...	2	7	1	2
Other ...	3	3	2	1
Psychological:—				
Development ...	—	8	1	4
Stability ...	—	11	6	4
Other ...	39	87	13	11

Classification of general condition of pupils inspected during the year in age groups

Age Groups	No. of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
Entrants	1083	212	20%	815	75%	56	5%
Second Age group	616	90	15%	479	78%	47	7%
Third Age group	516	165	32%	330	64%	21	4%
Other periodic inspections	—	—	—	—	—	—	—
Total	2215	467	22%	1624	73%	124	5%

Note.—The terminology in this table is in accordance with Ministry of Education instructions but it should be noted that "Fair" does not indicate a sub-normal classification.

The next table shows the average heights and weights of three groups of children who were between certain age limits at the time of weighing. The age limits chosen were:—

- (1) Age 5 years 6 months—6 years.
- (2) Age 11 years—11 years 6 months.
- (3) Age 14 years 3 months—14 years 9 months.

It was felt that to include all children in an "inspection" age group or even children within a 12 months age limit would provide too wide a scatter of figures, and for this reason a six months age limit was chosen.

The averages are given separately for boys and girls.

Average heights and weights of certain age groups Age group 5 6/12—6 years.

	No. in group	Average age	Average height	Average weight
Girls	118	5 7/12	43.2 ins.	43.5 lbs.
Boys	118	5 7/12	43.7 ins.	44.6 lbs.

Age group 11—11 6/12 years

		No. in group	Average age	Average height	Average weight
Girls	...	148	11 2/12	55.5 ins.	75.3 lbs.
Boys	...	155	11 2/12	55.0 ins.	73.2 lbs.

Age group 14 3/12—14 9/12 years

		No. in group	Average age	Average height	Average weight
Girls	...	148	14 6/12	60.0 ins.	109.2 lbs.
Boys	...	101	14 6/12	61.3 ins.	107.4 lbs.

TREATMENT

Clinics

The following are the names and addresses of the school clinics in the area:—

Great Yarmouth School Clinic,
Congregational Church Schoolrooms,
Middlegate Street.

Gorleston School Clinic,
Trafalgar Road East.

The construction of the new combined clinic in Middlegate Street was commenced in December.

Clinic sessions with a medical officer in attendance were held at Great Yarmouth and Gorleston clinics on each school day and on prescribed days during school holidays. These clinics are primarily for the treatment of minor ailments and skin diseases, but in practice they are used for consultation regarding a great variety of diseases and defects, and pupils requiring special inspection may be sent there, preferably by appointment. Pupils requiring treatment beyond the scope of the clinic are referred to hospitals or to general practitioners.

The Ministry of Education tables in the following sections show the numbers of cases treated at the clinics and also, under the heading "otherwise", the numbers reported by the hospital authorities as having received treatment under arrangements made by them.

The total number of attendances at the Authority's clinics for all purposes except errors of refraction was 8445.

Diseases of the Skin (excluding uncleanliness).

In addition to the normal arrangements for the treatment of diseases of the skin, there are facilities for treating warts with carbon dioxide snow. 148 pupils received such treatment during the year.

Arrangements exist at the Norfolk and Norwich Hospital for the treatment of ringworm by X-ray epilation.

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—scalp	...	...
body	...	...
Scabies	...	19
Impetigo	...	12
Other skin diseases	...	72
	386	23
Total	...	489
		25

Eye Diseases, Defective Vision and Squint

Conjunctivitis, blepharitis and other diseases of the eye within the scope of the clinics were treated there at the normal clinic sessions.

For defects of vision and squint special sessions were held once or twice a week as required at the Great Yarmouth clinic. The ophthalmologist was employed and paid by the Education Authority on a sessional basis, but the fees payable by the local Executive Council to the ophthalmologist for each examination were handed over to the authority. Glasses were provided through Executive Council arrangements but the Education Authority undertook financial responsibility for repair and replacement of glasses with standard frames in cases where a charge was made for these services.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint ...	160	12
Errors of refraction (including squint) ...	682	27
Total ...	842	39
Number of pupils for whom spectacles were:—		
Prescribed	212	14
Obtained	205	10

Diseases and Defects of Ear, Nose and Throat

Diseases of the ear, nose and throat form one of the largest group of diseases treated at school clinics. Pupils requiring specialist treatment are referred to the Great Yarmouth General Hospital.

In last year's report reference was made to comparative figures published in the monthly bulletin of the Ministry of Health which showed that in relation to the school population the number of children receiving operative treatment for adenoids and chronic tonsillitis in Great Yarmouth was one of the highest in the country. The figure for 1948 was 299, which against a school population of 6693 gave an operation rate of 4.5%. No comparative figures have been published this year for the country, but the local figure was 488, which against a school population of 7535 gives an operation rate of 6.3%. In 1948 the rate for all England was 1.8% and the highest rate for any individual authority 6.5%. It is to be noted that the local figures include all operations carried out on local schoolchildren at the hospital but that the number referred for operation by the School Health Service was comparatively small.

The high local operation rate may be explained by the fact that this was the first full year in which the new ear, nose and throat unit at the Great Yarmouth General Hospital was in operation and the opportunity was taken to clear up a portion of the waiting list which had previously been very large. Another factor was that it was not found necessary to suspend operative procedures on account of poliomyelitis during the year.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment:—		
for diseases of the ear ...	—	36
for adenoids and chronic tonsillitis ...	—	488
for other nose and throat conditions ...	—	86
Received other forms of treatment ...	386	53
Total ...	386	663

Orthopaedic and Postural Defects

All arrangements for orthopaedic treatment are made by the hospital authorities. The children's clinic at Melton Lodge Orthopaedic Hospital, previously run jointly by the Norfolk and the Great Yarmouth education authorities, was carried on along the same lines by the Hospital Management Committee and worked in close co-operation with the School Health Service. Pupils requiring in-patient treatment were admitted either to Melton Lodge or to general hospitals in the area.

Number treated as inpatients in hospitals	18
Number treated otherwise, e.g. in clinics or outpatient departments ...	120

Child Guidance

The Child Guidance Clinic run by the hospital authorities had its staff increased by the appointment of an educational psychologist. The majority of children attending the clinic were referred by the School Health Department and the two services work in the closest co-operation with frequent personal consultation between members of the respective staffs. Full reports were received in respect of all schoolchildren and essential information was passed on to the schools.

The School Health Service is also indebted to the Child Guidance Clinic in providing a consultant service in relation to educationally subnormal pupils.

The number of pupils dealt with at the clinic was 81.

Speech Therapy

The Speech Therapist continued to hold a weekly session at each of the two clinics.

Number of pupils treated ...	...	60
Number of attendances at clinics	...	402

Minor Ailments

One of the most important functions of the clinics is to make available to pupils early treatment for a great variety of minor ailments with a view to preventing anything more serious developing, and this work accounted for much of the work at the school clinics.

	Number of cases treated	
	By the Authority	Otherwise
Miscellaneous minor ailments	1266	1258

HANDICAPPED PUPILS

The number of ascertained handicapped pupils on the register at the end of the year was 102, and they fell into the following classifications:—

Blind	...	...	...	...	1
Partially sighted	...	...	...	...	7
Deaf	...	...	...	...	8
Partially Deaf	...	...	...	...	4
Delicate	...	...	...	...	1
Physically handicapped	...	...	...	...	16
Educationally subnormal	...	...	...	...	61
Maladjusted	...	...	...	...	4
					102

69 were recommended for admission to special schools and 33 for special educational treatment in ordinary schools. The Ministry of Education table quoted on the next page gives an analysis of those recommended for special schools.

The figure in that table of 44 children requiring places in special schools or homes but remaining unplaced requires further analysis. 22 of them were classified as requiring day special schools but as there are no such schools in the area the classification was obviously for statistical purposes. In practice suitable arrangements were made for their special educational treatment in ordinary

schools. The remaining 22 children were awaiting places in residential schools or hostels and fell into the following classifications:—

Partially sighted	...	...	...	2
Partially deaf	...	...	...	1
Physically handicapped	...	...	...	6
Educationally subnormal	...	...	...	10
Maladjusted	...	...	...	3
				—
			22	
				—

While awaiting vacancies to be found in suitable schools two of the children were provided with teaching in their own homes, and the remainder were attending ordinary schools and being educated as far as their handicaps permitted.

Two children in the educationally subnormal group who were approaching school-leaving age were reported to the Local Health Authority under section 57(5) of the Education Act, 1944 as being in need of supervision after leaving school and were thereby brought under the care of the Local Health Authority.

Three children were deemed to be incapable of receiving education in school and were reported to the Local Health Authority under section 57(3) of the Education Act, 1944 and were similarly brought under the care of that authority.

Home teaching was provided for nine children during the year but at the end of the year only four remained in the scheme. Of the five children in whom home teaching was stopped, one was suffering from a facial deformity for which he was receiving treatment which it was hoped would permit him to attend an ordinary school. One child with congenital heart disease improved sufficiently after an operation to attend an ordinary school. One child suffering from Still's disease improved sufficiently after operative treatment to attend an ordinary school. One spastic child reached school-leaving age and one child suffering from progressive muscular dystrophy was considered to be so mentally backward that he could not derive further benefit from home teaching. The four children who remained on home teaching at the end of the year were suffering from the following conditions:—

Spastic paraplegia and educationally subnormal	...	...	...	1
Spastic paraplegia	...	...	...	1
Pseudo hypertrophic muscular dystrophy				2

	Blind	Partially sighted	Deaf	Partially deaf	Delicate	Physically handicapped	Educationally sub-normal	Maladjusted	Epileptic	TOTAL 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year:										
A. Handicapped pupils <i>newly placed</i> in Special Schools or Homes.	—	2	1	—	—	—	1	—	—	4
B. Handicapped pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes.	—	2	—	1	—	4	10	—	—	17
On or about December 1st, 1951:										
C. Number of handicapped pupils from the area:										
(i) attending Special Schools as										
(a) day pupils	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	1	5	8	3	—	3	3	—	—	23
(ii) boarded in Homes	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools under arrangements made by the Authority.	—	—	—	—	—	—	—	—	—	—
Total (C)	1	5	8	3	—	3	3	—	—	23
D. Number of handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(i) in hospitals.	—	—	—	—	—	—	—	—	—	—
(ii) elsewhere.	—	—	—	—	—	4	—	—	—	4
E. Number of handicapped pupils from the area requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition).	—	2	—	1	1	10	27	3	—	44

DIPHTHERIA IMMUNISATION

There are signs in the country of growing apathy towards diphtheria immunisation resulting no doubt from the very success of the immunisation campaign which has made the risk of diphtheria very remote for the individual child. In an effort to overcome this apathy facilities have been made even more readily available and parents have been further encouraged to have their children immunised. Probably the most successful results have come from saving parents even the trouble of taking their children to the clinic by making increased provision for immunisation in schools, but the fact that this is required provides a pointed commentary on the degree of apathy which exists. There is some satisfaction in noting that the number of schoolchildren immunised is almost double that of last year, but it is estimated that only about 60% of the children in the town between the ages of 5 and 15 years have been immunised. The following are the numbers of immunisations carried out during the year:—

First immunisation	...	...	...	111
"Booster" doses	...	...	...	1029

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of school age during the year and in preceding years:—

Disease	1951	1950	1949	1948
Scarlet fever	26	72	64	95
Diphtheria	1	1	2	—
Measles	10	50	383	217
Whooping cough	31	143	10	59
Pneumonia	2	2	2	4
Poliomyelitis	1	4	1	1
Dysentery	17	—	—	—
Encephalitis	1	—	—	—

It will be seen that the general incidence was very low, the figures for whooping cough and measles being noteworthy.

The case of diphtheria occurred in a child aged 8 years who had not been immunised. A complete follow-up of all contacts failed to produce any positive swabs and the source of infection was therefore not traced. No secondary cases occurred.

The case of poliomyelitis was "paralytic" but only in a mild degree. The diagnosis was not established until 12 days after the onset of the disease, and when it was then notified it was not considered necessary to transfer the patient to hospital as he was on the way to a recovery which eventually was complete.

The case of infective encephalitis had rather a severe illness but made an apparently complete recovery.

There were known to be several more cases of dysentery in the town than the number notified and shown in the table. At the end of May evidence was received of an outbreak of dysentery in the Cobholm area, and bacteriological investigation soon showed this to be of the sonne variety. Members of the staff were immediately detailed for investigation and control duties and a large amount of work was carried out investigating individually every case or suspected case as to the possible source of this infection. It soon became clear that there was no single focus of infection such as school meals, milk or any outside purveyor of food and drink, but that the disease was being spread from child to child by personal contact, particularly in the infants' department of a school in the area, but also within families. All cases or suspected cases were excluded from school until they had been shown by laboratory examination to be free of infection, and although this policy was questioned in the case of several children who had become free of all symptoms, it was essential if the outbreak were to be controlled; one child for example did not get rid of her infection until three months after her attack. Attention was also directed to the general standards of hygiene in the infants' school. Probably the most effective single measure was that, with the co-operation of teachers, arrangements were made for the supervision of children visiting the lavatory and for ensuring that they washed their hands before rejoining their fellows. A circular was sent to all general practitioners in the town informing them of the position and asking for their co-operation in ensuring that children suspected of being infected were kept away from school and that food handlers were kept off work. Health Visitors and School Nurses working in other parts of the town were warned to look out for cases in their districts.

Towards the end of June the outbreak appeared to be under control but early in July a case was discovered in a school in another part of the town and further investigations revealed four more. Similar control measures were instituted and although a few more cases occurred a widespread outbreak did not develop.

A total of 93 suspected cases were investigated individually and the organism of the disease was isolated from 26 of these.

This disease is highly infectious and notoriously difficult to control, but the experience of this outbreak suggests that energetic

action well directed will pay good dividends. Acknowledgment is made to the Public Health Laboratory in Norwich for examining and reporting promptly on a large number of specimens.

Children were included among the victims of the influenza epidemic which struck the town in the early part of the year, but as the disease is not notifiable accurate figures are not available. An estimate may be obtained from the effect on school attendance as shown in the following table which compares the percentage attendance in 1948, which was a non-epidemic year, with the percentage attendance for 1951:—

	2nd week January	3rd week January	4th week January	1st week February	2nd week February
1948 ...	93	89	87	88	88
1951 ...	82	73	77	85	88

The general impression was that children had a lower incidence of the disease and that they suffered less severely than adults. Although the outbreak caused a considerable rise in the death rate in the town no deaths occurred among schoolchildren.

TUBERCULOSIS

Three cases of pulmonary tuberculosis and two of non-pulmonary were notified in children attending local schools.

The three pulmonary cases were primary lesions. Two were treated at home and were eventually able to return to school. One was admitted to a convalescent home and she also has returned to school. This child's father who was examined as a contact was found to have active pulmonary tuberculosis.

The two non-pulmonary notifications were cases of tuberculous adenitis and both were able to return to school after suitable treatment.

INFESTATION WITH VERMIN

The routine of carrying out a cleanliness survey of every school once a term was continued, and return visits were made to re-inspect children found to be verminous. The figures of verminous

children were, as in past years, accounted for by a small number of homes where schoolchildren were re-infested by other members of the family and there seems to be little chance of eliminating this hard core unless the minority of parents involved can be brought to a new sense of their responsibilities or until effective powers to deal with verminous persons (other than schoolchildren) are provided. In the present circumstances the policy unfortunately amounts to keeping infestation under control rather than to eliminating it entirely.

Total number of examinations in the schools by the school nurses or other authorised persons	22813
Total number of individual pupils examined ...	7300
Total number of individual pupils found to be infested	254
Number of individual pupils in respect of whom cleansing notices were issued (section 54(2), Education Act, 1944)	215
Number of individual pupils in respect of whom cleansing orders were issued (section 54(3), Education Act, 1944)	—

SCHOOL DENTAL SERVICE

The following is the report of the School Dental Officer:—

“During 1951 regular dental inspections have continued in the Yarmouth and Gorleston area, and treatment has been carried out at two permanent clinics, at both of which the attendance was satisfactory. Every effort has been made to encourage regular treatment and it is gratifying to note that the percentage of acceptances of treatment is satisfactorily maintained.

Four more schools were inspected than the previous year. This was very satisfactory considering we were without the services of our chief clerical assistant for the greater part of the year. The primary aim of the school dentist is to make a sincere effort to prevent sepsis arising from purely dental causes, and secondly to get as many children as possible dentally fit and trained in the care of teeth before leaving school. We can do this by regular inspection at an early age, and continuing it throughout the child's school life; therefore dental inspections are held at the schools. Each child in attendance receives a dental chart bearing the name, date of birth, name of school, authority and home address. The dental charts are distributed to the children previous to the inspection. The dental officer conducts a probe and mirror inspection of the teeth and the dental attendant records the result

of the inspection on charts provided. At inspections we need fairly accurate recording, a method requiring much more time, but justifiable, as we cannot accept children requiring treatment in any order, and we need such information in order to organise our work.

The "acceptance" of treatment was good, but the number of acceptances shows a marked difference in different schools. This can be improved by good co-operation not only with the doctors and nurses, but also with school teachers, and particularly the Head Teachers, who can do more to help in this matter than anyone else, as children and parents are more likely to listen to someone they know than to the dental staff whom they only see now and again. By closer co-operation among all concerned, more children would grow up with the idea that dentistry is a normal part of bodily care, and has an enormous influence on physical health and happiness.

There does not appear to be any diminution in the number of children suffering from caries in the permanent incisors. A large proportion of those treated this year were those who did not accept treatment last year or the previous year, but waited until the cavities were very apparent. This means that much more time had to be expended on larger and more difficult restorations than would have been the case had the children attended when requested.

Extractions totalled 2369 in the temporary teeth and 211 in the permanent teeth; the latter figure includes teeth extracted for regulation purposes. The proportion of fillings to extractions is approximately four to one, a figure which is not regarded with complacency, even though bearing comparison with the average for the rest of the country.

General anaesthetics were administered in 289 cases of gross sepsis, multiple extractions or extreme nervousness.

The number practising cleanliness of the teeth regularly is only a small fraction of the whole.

Not the least important part of the clinic work is the orthodontic service; this is not as great as one would like, but the number of cases treated has shown great progress. Irregularity of teeth is very common, and although it is admitted that children receiving treatment for regulation of teeth have to make numerous attendances over a long period, failure to sanction work of this character could permanently disfigure the child and render the teeth much more susceptible to dental caries. There is work of this nature to keep one dentist wholly engaged, and not a little of the time at present available is wasted by the fact that we have no workroom at the clinic and journeys to and from the mechanic have to be made for adjustments to appliances.

Too much importance cannot be attached to training children in nasal breathing as many of the cases now corrected by mechanical means need never have occurred but for the habit of mouth breathing. In addition, mouth breathing produces a persistent gingivitis of the gum in the front of the mouth and predisposes to caries, especially in incisor teeth. If there is sufficient nasopharyngeal trouble to cause even intermittent mouth breathing it ought to be treated. Some children can benefit from the fitting of an acrylic oral screen which is inserted at bed-time and effectively prevents mouth breathing during sleep. Where patients have co-operated the results have been extremely good but the great majority of parents are afraid to leave the appliance in the mouth. Good results have been obtained in two cases of thumb sucking by showing the children through models the effect of this habit on the mouth and teeth."

Here is a summary of the work undertaken this year:—

Number of pupils inspected by the Authority's
Dental Officer:—

Periodic age groups	...	...	...	1971
Specials	...	...	...	497
				—
Total	...	...	...	2468
				—

Number found to require treatment	...	...	...	1790
Number referred for treatment	...	...	...	1293
Number actually treated	...	...	...	1393
Attendances made by pupils for treatment	...	...	...	2346

Half-days devoted to:—

Inspection	...	...	...	12
Treatment	...	...	...	327
				—
Total	...	...	...	339
				—

Fillings:—

Permanent teeth	...	...	...	984
Temporary teeth	...	...	...	160
				—
Total	...	...	...	1144
				—

Number of teeth filled:—

Permanent teeth	...	...	...	935
Temporary teeth	...	...	...	155
				—
Total	...	...	...	1090
				—

Extractions:—				
Permanent teeth	...	...	...	211
Temporary teeth	...	...	...	2369
				—
Total	...	...	...	2580
				—
Administration of general anæsthetics for extraction				289
Other operations:—				
Permanent teeth	...	...	...	180
Temporary teeth	...	...	...	45
				—
Total	...	...	...	225
				—

PROVISION OF MILK AND MEALS

Milk

Milk was available daily for all children attending schools in the Borough and was supplied in individual bottles containing one-third of a pint with drinking straws. During the summer holidays some of the schools were open at stated hours to enable children to have the supply continued. The Ministry of Food scheme under which children who are unable to attend school on account of disability of mind or body may be supplied with one pint per day at a reduced price was operated throughout the year and several parents took advantage of it.

The daily average consumption of milk was 5573 bottles and the total number supplied during the year was 1,101,218.

Meals

Meals were available in all schools in the Borough. Four of the schools have their own kitchens, and for the remainder the food is cooked and distributed from three central kitchens. Meals are supplied free of charge in necessitous cases. The following are the statistics of the meals supplied:—

Total meals supplied	...	...	...	573,955
Free	...	...	...	58,013
On payment	...	...	...	515,942
Daily average meals	...	...	...	3,013
Free	...	...	...	306
On payment	...	...	...	2,707

EMPLOYMENT OF SCHOOL CHILDREN

New byelaws with reference to the employment of children came into force on the 1st April, 1951, and copies were sent to all known employers of children. The number of children examined by the school medical officers for the purpose of issuing certificates required by the byelaws was 179, and the fact that this figure is almost double that for last year suggests that there was considerable ignorance or evasion of the previous byelaws. Although the position has improved there is reason to believe that there is still some evasion. The responsibility for seeing that the byelaws are complied with rests mainly with employers but parents can play their part by satisfying themselves that any of their children who are employed have been examined by a medical officer and are in possession of a valid employment card.

HEALTH EDUCATION

Courses in mothercraft for senior girls were conducted by members of the staff at three schools and all girls taking the course attended at the Infant Welfare Centres on several occasions. Films were used as an aid to teaching.

Members of the staff also gave talks on health matters to parent-teacher associations and other organisations, and films were used where appropriate to illustrate talks.

Medical Officers and School Nurses took advantage of their opportunities in schools and clinics to carry out health education on an individual basis, and extensive use was made of suitable educational posters and pamphlets.



8.12/67

